## VILLAGE OF LOS LUNAS COMMUNITY DEVELOPMENT DEPARTMENT P. O. BOX 1209

## LOS LUNAS, NEW MEXICO 87031 (505) 839- 3842 \* FAX (505) 352- 3580 BUSINESS REGISTRATION APPLICATION

1. NAME OF BUSINESS	CORPORATE NAME
IS THIS A HOME OCCUPATION? IF YES E	XPLAIN
2. MAILING ADDRESS OF BUSINESS:	0 4 60
CITY:S	TATE ZIP CODE
	gibly (this is how it will appear on your business license)
3. BUSINESS LOCATION ADDRESS (if different from mailing address)	
CITY:	STATEZIPCODE
4. BUSINESS TELEPHONE NUMBER;	FAX#
5. E-MAIL ADDRESS:	Website Address
6. APPLICANT IS: INDIVIDUAL	(Check if you would like a link of CORPORATION
7. NAME OF OWNER (PLEASE PRINT)	
ADDRESS:	
	STATE
	SION IDENTIFICATION NUMBER: (TAX ID NUMBER)
	if you have no identification number, attach evidence o
application for one	
10. WILL ANY SIGNS BE ERECTED? YES	NO IF YES, A SIGN PERMIT APPLICATION MUST BE FILLED OUT
DATED	1000000
	APPLICANTS SIGNATURE
IT IS THE REGISTRANT'S REPONSIBILITY T LAWS AND ORDINANCES	TO ASSURE THAT ALL BUSINESS ACTIVITIES CONFORM TO STATE AND I
Please r	make checks payable to: The Village of Los Lunas
	FOR VILLAGE USE ONLY
RECEIPT NO	LICENSE FEE:
LICENSE NO.	DUE :

**YEARLY REGISTRATION FEE: \$25.00** 

subject to a Citation for conducting business without a registration.